CENTER FOR DISEASE CONTROL

Morbidity with and Mortality

Vol. 20, No. 20

WEEKLY REPORT

For Week Ending E

ALTH BAINISTRATION

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE / PUBLIC HEALTH SERVICE PHEALTH SERVICE

DATE OF RELEASE: MAY 28, 1971 - ATLANTA, GEORGIA 30333

EPIDEMIOLOGIC NOTES AND REPORTS TYPE A BOTULISM FROM WOUND INFECTION Palo Alto. California

On April 18, 1971, a 7-year-old boy from Palo Alto, California, sustained a compound fracture of his left ulna when he fell from a tree. He was hospitalized that day for reduction under axillary block. Incision and irrigation of the fracture revealed a clean wound, and the patient was treated with oral penicillin and intramuscular streptomycin. On April 20, he experienced pain in his arm and a temperature of $102^{\circ}F$. Diplopia, dysphonia, and peri-oral numbness developed 2 days later, followed by progressive bulbar palsy with descending paralysis. Pneumonitis developed, and a tracheostomy was performed 8 days after admission; a volume respirator was used.

Serum obtained from the child on April 27 was inoculated into mice, and it demonstrated toxicity which was identified as type A botulinum toxin. At that time, his wound

was re-opened, but it showed no gross evidence of infection. A gram stain was negative except for some neutrophiles, but cultures revealed mixed organisms including Clostridium botulinum type A. His wound was left open and exposed to high concentrations of oxygen. The patient was treated with high doses of intravenous penicillin, and on April 27 and 28, received bivalent AB and trivalent ABE botulinum antitoxin. Treatment with guanidine is continuing, and the patient has (Continued on page 184)

TABLE I. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES (Cumulative totals include revised and delayed reports through previous weeks)

	20th WE	EK ENDED	Dining Street	CUMULATIVE, FIRST 20 WEEKS				
DISEASE	May 22, 1971	May 23, 1970	MEDIAN 1966 - 1970	1971	1970	MEDIAN 1966 - 1970		
Aseptic meningitis	73	29	29	945	554	553		
Brucellosis	2	12	6	54	72	72		
Diphtheria	2	14	8	68	168	64		
Encephalitis, primary:					130	Total Control		
Arthropod-borne & unspecified	92	20	20	500	404	402		
Encephalitis, post-infectious	11	19	19	129	178	212		
Hepatitis, serum	124	146	87	3,302	2,639	1,539		
Hepatitis, infectious	1,328	1,093	946	24,251	21,827	16,913		
Malaria	57	67	52	1,463	1,340	839		
Measles (rubeola)	3,011	1,950	1,825	50,905	27,955	27,957		
Meningococcal infections, total	72	38	64	1,316	1,297	1,398		
Civilian	69	37	58	1,139	1,167	1,258		
Military	3		6	177	130	140		
Mumps	4,085	2,580		74,708	55,030			
Poliomyelitis, total		1	1	6	3	8		
Paralytic		mount it is	aller all ile	4	3	7		
Rubella (German measles)	1,805	2,329	2,329	28,191	38,698	30,714		
Tetanus	2	6	2	32	36	42		
Tularemia	2	4	2	31	35	54		
Typhoid fever	7	5	7	98	83	105		
Typhus, tick-borne (Rky. Mt. spotted fever) .	8	11	8	25	32	32		
Rabies in animals	77	66	68	1,802	1,322	1,544		

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

The state of the s	Cum.		Cum.
Anthrax: Botulism: Leprosy: Tex1 Leptospirosis: Plague:	1 48 12	Psittacosis: Rabies in Man: Rubella congenital syndrome: Trichinosis: Typhus, murine:	1 28 29

BOTULISM - (Continued from front page)

shown definite improvement from bulbar and peripheral paralyses.

The patient's symptoms did not develop until 4 days after his admission, and in that time he had eaten only hospital food. His dietary history in the days preceding his admission were unremarkable; he ate the same foods his parents did, and they remained well. The boy had not been exposed to home canned food. Exposure to contaminated food, therefore, does not appear to have been the source of the boy's botulism.

(Reported by Jeffrey Balfus, M.D., pediatric intern, Don L. Bishop, M.D., attending physician, Jack Remington, M.D., and George Perlstein, M.D., consulting physicians, Stanford University Hospital, Palo Alto, California; Mary H. Clark, M.D., Deputy Director of the Santa Clara County Health Department; Thaddeus Midura, Ph.D., Research Microbiologist, Genevieve Nygaard, B.A., Associate Microbiologist, Ronald Wood, Ph.D., Chief, Microbial Diseases Laboratory, and S. Benson Werner, M.D., Medical Epidemiologist, Infectious Disease Element, California State Department of Public Health.)

Editorial Note

There have been five previously reported cases of botulism from a wound infection in the United States. The first case was reported in 1945 (1). Three other cases, all fatal, were reported in 1951 (2, 3, 4); two occurred in California. All three were due to C. botulinum type A, and each wound was grossly purulent. In two cases, the wounds were also infected with other organisms. The fifth case was reported in 1968 (MMWR, Vol. 17, No. 22). In this case, signs and symptoms compatible with botulism developed 7 days after the patient suffered a compound fracture. The wound never showed signs of infection, and attempts to isolate C. botulinum were unsuccessful. Toxin could not be demonstrated in the patient's serum. He recovered following treatment with polyvalent ABEF botulinum antitoxin.

Wound infection should be considered as a cause of clinical botulism in cases where foods cannot be incriminated.

References

- 1. Hall IC: The occurrence of *Bacillus botulinus*, types A and B, in accidental wounds. J Bact 50:213-217, 1945
- 2. Thomas CG, Keleher MF, McKee AP: Botulism, complication of *Clostridium botulinum* wound infection. A.M.A. Arch Path 51:623-628, 1951
- 3. Hanpson CR: Case of probable botulism due to wound infection. J Bact 61:647, 1951
- 4. Davis JB, Mattman LH, Wiley M: Clostridium botulinum in a fatal wound infection. JAMA 146:646-648, 1951

TRANSFUSION-INDUCED MALARIA — Texas

Case 1 — On Jan. 14, 1971, 1 unit of whole blood was administered to a 19-year-old girl at a military hospital in Texas to replace acute blood loss after severe injuries suffered in an automobile accident. Her condition subsequently improved, and she was discharged from the hospital. On January 31, however, she had onset of fever and chills and was readmitted to the hospital on February 3. On admission, a peripheral blood smear revealed parasites of *Plasmodium vivax*. The patient made an uneventful recovery following treatment with chloroquine phosphate.

The blood had been donated on January 8 by a 24-year-old serviceman who had returned from Vietnam in January 1969. He had not experienced malaria either while overseas or after his return to the United States. While in Vietnam and twice after his return, however, he had experienced self-limited episodes of fever and chills. He said he had taken the prescribed chloroquine-primaquine combination weekly, both while in Vietnam and for 8 weeks after his return. He denied any subsequent travel outside the United States, receipt of blood or blood products, and the use of common syringes. In February 1971, although he was asymptomatic, *Plasmodium* species parasites were seen on a peripheral blood smear. His serum, when tested with the indirect fluorescent antibody (IFA) test for malaria, gave an end-point dilution titer of 1:16 against *P. vivax* antigen only.

Case 2 — On Jan. 28, 1971, a 45-year-old man received 5 units of whole blood while undergoing open heart surgery in a veterans hospital in Texas. After surgery, he had persistent fever, weakness, and anemia. On February 20, *P. falciparum*

parasites were seen on a peripheral blood smear, and the patient was treated with quinine, pyrimethamine, and a sulfonamide.

The patient gave no history of malaria, recent foreign travel, or use of shared syringes. Three of the 5 units of blood were obtained locally, and the donors gave no history of either malaria or recent foreign travel. The remaining two units were obtained by a blood collection agency in Columbus, Georgia, from two servicemen stationed at Ft. Benning, Georgia. One of the donors, a 20-year-old man, had served with the army in Vietnam from September 1969 to September 1970 and had donated blood only once, in January 1971. He denied having had malaria or malaria-like illnesses either while in Vietnam or after his return to the United States. His peripheral blood smear was negative for malaria parasites, but his serum, when tested with the IFA test for malaria, gave end-point dilution titers of 1:1,024 against P. falciparum antigen and 1:256 against P. vivax and P. malariae antigens. The other serviceman had never traveled outside the United States, and his blood tests were negative.

(Reported by Col. Gerald Champlin, MC, U.S. Darnall Army Hospital, Fort Hood, Texas; John A. Armstrong, M.D., attending physician, Dallas Veterans Hospital, Texas; James T. Wheeler, M.D., Director, Community Blood and Plasma Services, Dallas, Texas; R. F. Sowell, Jr., M.D., Medical Consultant, M. S. Dickerson, M.D., Chief, Communicable Disease Services, Texas State Department of Health; Capt. James McNair, MC, Preventive Medicine Officer, Ft. Benning, Georgia; the Laboratory Division, CDC; and an EIS Officer.)

STAPHYLOCOCCAL FOODBORNE OUTBREAK Lewisport, Kentucky

On March 21, 1971, an outbreak of staphylococcal foodborne illness involving 350 persons occurred at a benefit luncheon held at a community center in Lewisport, Kentucky. Approximately 168 (48 percent) of the persons became ill within 8 hours, and 100 required hospitalization. Diarrhea, nausea, vomiting, prostration, and abdominal cramps were the predominant symptoms (Table 1). The average duration of illness was approximately 26 hours. Questionnaires regarding food history were obtained from 72 ill persons and from 56 who remained asymptomatic. The mean incubation period for these 72 persons was 3 1/2 hours (Figure 1). The attack rates by food items for the persons that became ill were highest for those who ate ham (Table 2).

Five pre-cooked hams weighing approximately 12 pounds each had been cooked at the center on Saturday, March 20, at 375° for 3 1/2 hours. The hams were left in their pans and placed on a nearby counter top to cool for about 1 hour. Four of them were sliced, and the fifth ham was left covered, to be used if needed. The ham slices were then recovered and left on the counter overnight. The turkeys were also cooked on March 20 at 375° for 6 hours and left on the counter overnight.

On Sunday, the ham slices were placed near the heat of the stove and warmed in this manner until served. The turkeys were sliced, and the stock was used to make gravy and dressing. Commercially canned green beans and corn were used; ham skin was used to season the green beans. The ham, turkey, gravy, dressing, green beans, and corn were prepared at the center by one person. Four of the hams were sliced by a person other than the one who did the cooking. This man had open cuts on his fingers and thumbs. The fifth ham was sliced by still another person. All three cooks ate food prepared for the luncheon, and all remained asymptomatic. No specimens were obtained for culture.

Cultures of stool specimens from six ill persons yielded Staphylococcus aureus. Samples of ham, turkey, dressing, green beans, corn, potato salad, and lettuce were cultured, and all yielded S. aureus. All isolates were similar in that they were not lysed by available phages. Since it is extremely rare to culture S. aureus from some of this food, it was assumed that cross-contamination took place when the food samples were collected. Ham, with its high differential attack rate, was the most likely source of infection in this outbreak. (Reported by Jessee White, Sanitarian, Hancock County Health Department, Hawesville, Kentucky; Calixto Hernandez, M.D., Director, Wallace B. Guerrant, Public Health Rep-

Table 1
Symptoms of 72 III Patients
Lewisport, Kentucky – March 21, 1971

Symptom	Number of Cases	Percent
Nausea	72	100
Vomiting	72	100
Diarrhea	72	100
Prostration	45	63
Cramps	42	58
Chills	33	46
Fever	5	7
Headache	4	6
Muscle Soreness	3	5_

resentative, Division of Epidemiology, Joseph W. Skaggs, D.V.M., Director, Clarence P. Marshall, Public Health Representative, Office of Communicable Diseases, Kentucky State Department of Health; and Carl Draper, Field Investigator, Food and Drug Administration, Louisville, Kentucky.)

Figure 1
CASES OF STAPHYLOCOCCAL FOODBORNE DISEASE,
BY TIME OF ONSET
LEWISPORT, KENTUCKY — MARCH 21, 1971

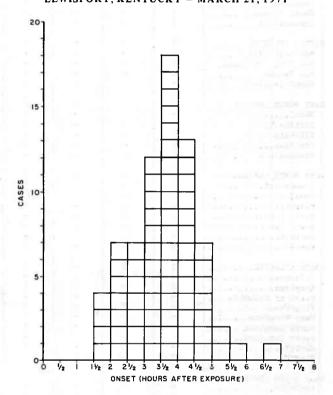


Table 2
Food Specific Attack Rates of Persons Attending Luncheon
Lewisport, Kentucky — March 21, 1971

		A	te	Did Not Eat					
Food Item	111	Not Ill	Attack Rate (Percent)	III	Not Ill	Attack Rate (Percent)			
Ham	72	35	67	0	21	0			
Turkey	50	45	52	22	11	67			
Dressing	60	44	58	12	12	50			
Gravy	38	29	57	34	27	56			
Potatoes	13	11	54	59	45	57			
Corn	43	28	61	29	28	51			
Green Beans	49	35	58	23	21	54			
Salad	57	45	56	15	11	58			
Coffee	25	15	62	47	41	53			
Tea	40	31	56	32	25	56			
Pie	48	38	56	24	16	60			

Morbidity and Mortality Weekly Report

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

MAY 22, 1971 AND MAY 23, 1970 (20th WEEK)

The second second	ASEPTIC	BRUCEL-	DIPH-	E	NCEPHALITI	S		HEPATITIS			
AREA	MENIN- GITIS	LOSIS	THERIA		including cases	Post In- fectious	Serum	Infec	tious	MALA	RIA
Company of the second	1971	1971	1971	1971	1970	1971	1971	1971	1970	1971 57 1	Cum. 1971
UNITED STATES	73	2	2	92	20	11	124	1,328	1,093	57	1,463
TEW ENGLAND	6	-	_	2	1	2	17	96	106	1	46
Maine	93	770	TATE OF	116-0	Ben .	-	3	3	4		3
New Hampshire.	NOW TO Y	UET 15				-	1 - 2	7	6		
Vermont	4 1	m	4		1		3	8 42	21 54		33
Rhode Island	1	_	_	1 1			2	18	8		
Connecticut.	4	-	-	1	_	2	9	18	13		
HIDDLE ATLANTIC	15	_	_	3	3	1	31	242	227	3	138
New York City	10	_		2	1		14	68	63		13
New York, Up-State	2	_	_	-	-	1 1	3	43	51		37
New Jersey	3			 	_	-	14	52	38		59
Pennsylvania		_	_	1	2	- 1	1 150	79	75		29
AST NORTH CENTRAL	7_	=		8	6	Serve T I	6	232	169		71
OhioIndiana.*		_		3			3	57 13	45 15		5
Illinois	1	_	-] [_	_	_	2	40	29	17.	20
Michigan	6	-	_	2	3		1	92	72		27
Wisconsin		-	1	-	-	-		30	8	-	7
EST NORTH CENTRAL	-	_	-	1	1		3	47	54	2	118
Minnesota		-	-	-	_	-	2	4	16	_	16
Iowa!	-	-	-	-	_	=	- 7	6	9		15
Missouri North Dakota		_	-	_	_		1_	23	20		19
South Dakota			_			75		1			
Nebraska.		_	_	_			_	3	1111		
Kansas	-	-	_	1	1	10 × B10	1 - 1 - 2 -	10	8	2	62
OUTH ATLANTIC	15	2	_	6	4	d tear	13	182	145	12	229
Delaware	-		-	-	-	-		2	5		4000
Maryland	3	-	_	1	-	-	4	13	12		35
Dist. of Columbia	-	7	- T	_	-						
Virginia	7-5-1	2	7	2	3 -		3	59 14	33 7	_	28
West Virginia North Carolina	4 -		J _	2	1		1	28	34		79
South Carolina.	_			=	100			7	5		10
Georgia	- 1	-	_	_	0		- 1	31	26	-	43
Florida	12			1	(Class	-11 × 70	5	28	23	11 To 10	25
AST SOUTH CENTRAL	9	op Less	-	-	2		3	59	54	O-IV	109
Kentucky	1		-		_			28	14		90
Tennessee	6	-		_	111-16		2	26	32		1
Alabama	2 -		_		1	Dayser	HEP-	1 4	3 5		15
EST SOUTH CENTRAL	3		2		1		8	98	75	100	355
Arkansas	Remark by	10/12/20	His file	til leave	- II-FI	1 100/11		9	2		11
Louisiana	2	- 1	1	_	1	1 592 79	3	3	9		32
Oklahoma	-	-	-	-	-	- iiv_	- 1	14	10	1460	50
Texas	1				-		5	72	54	19,1	262
OUNTAIN	-	1	1	1	1	1	2	61	48		9 2
Montana.	-	4 112 45 32	12:50		_	-		4	9		
Idaho	Don't have			_	_ :	1.	VF 7 - 19	6	1 2		1
Colorado.	100 m				1	121	1	14	12		68
New Mexico.		2.1	<u> </u>	100	4	1	_	7	7	_	- 6
Arizona	Mr. - L ara		H -	- L-		-	_	18	9	-	1
Utah	491	1 2	10	skingth.	101	=	1	11 1	5 3		11.00
1200	10			75.174	201						
ACIFIC	18		1 -	71	1	6	41	311 27	215 20		30
Oregon		74	Dy. Hall	E 11.		_	1	28	18		13
California	12	-	F 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	71	1	6	40	189	171	25	261
Alaska		-			-	-	-	3	5	-	4
Hawaii	4		-	-				64	1	2	26
uerto Rico*					-				36		10

^{*}Delayed reports: Aseptic meningitis: N.H. 1
Hepatitis, serum: Ind. delete 1
Hepatitis, infectious: Ind. delete 1, P.R. 25
Malaria: Minn. 4, Iowa 3, P.R. 3

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

MAY 22, 1971 AND MAY 23, 1970 (20th WEEK) - CONTINUED

	MEA	SLES (Rube	ola)	MENINGO	COCCAL INF	ECTIONS,	ми	MPS	PO	POLIOMYELITIS		
AREA		Cumul	ative		Cumula	tive -		Cum.	Total	Para.	ytic	
	1971	1971	1970	1971	1971	1970	1971	1971	1971	1971	Cum. 1971	
UNITED STATES	3,011	50,905	27,955	72	1,316	1,297	4,085	74,708	on Hago	edeal is	4	
NEW THAT AND	107	2 207	460	2	57	57	227	4 405				
NEW ENGLAND	187 94	2,287 993	468 59		7	- 1	237 37	4,405 894	_ 344	IIK		
New Hampshire	15	117	19		8	5	62	564	<u> </u>		-0-16	
Vermont	7	88	2	-	<u> </u>	5	14	14		_		
Massachusetts*	8	217	282	2	22	26	46	1,079	- 40		_	
Rhode Island	11	153	48		2	3	37	951	_	_	150	
Connecticut	52	719	58		18	17	41	903	-	-DR		
MIDDLE ATLANTIC	374	5,426	3,435	21	174	227	308	4,861	_			
New York City	112	2,930	603	15	39	56	49	1,011		-	ilita - ilita	
New York, Up-State	35	364	156	3	43	45	NN	NN		11 - E		
New Jersey	95	769	1,361	1	42	84	119	1,407		- 100	10 Told 10	
Pennsylvania	132	1,363	1,315	2	50	42	140	2,443		1 I IV	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
EAST NORTH CENTRAL	810	10,334	6,662	11	143	149	1,737	30,640		-51	11-11-12	
Ohio	206	3,009	2,624	2	38	66	260	6,093	-		-	
Indiana	173	1,849	215	6	14	16	208	4,299	100		100 T=151	
Illinois	135	2,191	2,418	-	42 39	32	220	3,208	_	-	-17	
Michigan	154 142	1,176 2,109	818 587	3	10	30	526 523	9,925			0001 - F	
WEST NORTH CENTRAL	352	5,187	2,485	1	108	66	207	4,753				
Minnesota	332	51	34	<u>-</u>	16	7	15	814	_		_	
Iowa	74	1,927	106		1 7	, j	133	2,567		_		
Missouri	252	1,849	1,042	- 1	41	44	31	580	_	11-14	-161 -	
North Dakota	9	179	260	-	4	2	8	269	_	-	n - 8	
South Dakota	2	191	76	1	- 5	-	15	179		1. 14-7-0114	att or gén.	
Nebraska	12	50	918	1	12	3		71	- 10	Printer of	and the second	
Kansas	3	940	49		23	1	5	273	192	attaned.	ma 2	
SOUTH ATLANTIC	250	5,365	5,348	8	204	281	196	5,309			4.1	
Delaware	2	31	225	-	1	3	13	112			Harata (
Maryland	24	342	1,073	1	29	31	22	427	-120			
Dist. of Columbia		9	319	- 1	8	1	-	69			EMME I	
Virginia	42	963	1,439		16	24	28 61	637	7000	T-125	344 - 171	
West Virginia North Carolina*	26 75	348	210 579	2	31	57	NN	1,382 NN		11.00	FACES OF	
South Carolina*	75 29	1,622 742	404		16	31	12	670	E133	44 -	125	
Georgia.	- 29	178	6	2	16	28		1	_100	_	1	
Florida	52	1,130	1,093	3	84	101	60	2,011	-46		12-17-1	
EAST SOUTH CENTRAL	171	6,543	679	6	118	98	306	5,912		lores i	our-cui	
Kentucky	83	3,137	344	2	37	34	75	2,049	-	-	CONTRACTOR AND ADDRESS OF THE PARTY.	
Tennessee	34	628	239	4	43	39	173	3,044	-		1	
Alabama	43	1,437	57	_	22	20	56	725	- 10			
Mississippi	11	1,341	39	-	16	5	2	94	Ī	_	No. THE	
WEST SOUTH CENTRAL	411	10,632	6,332	4	113	183	315	5,939	_	- 0	1	
Arkansas*	- 1	644	28	1	5	16	1	121			2754	
Louisiana	68 15	1,475	333	2	40	48	6	121		<u> </u>	_	
OklahomaTexas	327	7,827	5,911	1	62	108	308	5,613	-11		1	
MOUNTAIN	151	2,408	1,115	2	40	21	106	3,110	LFji	_	4,-07	
Montana.	24	859	15	-	3	-	7	339	_ **		-	
Idaho	9	185	19	1	5	4	1	108	- 1	-	-	
Wyoming	-	79	8	= = 1	2	1	19	243		-	-	
Colorado	54	678	110	- 1	7	5	22	1,001		-		
New Mexico	5	225	135	-	3	-	7	483	-	-	or Ten	
Arizona	37	256	793		- 8	9	44	846	-	-		
Utah	22	123	19	70-	9	2	- 6	90	-		A 100 S	
Nevada	-	- 3	16	3	- 3		- 7	-			SERTAR L	
PACIFIC	305	2,723	1,431	17	359	215	673	9,779		TO THE PARTY	2	
Washington	32	709	172	= =	16	32	261	4,421	1.040	A	1.0	
Oregon	20	246	144	- 3	24	17	41	911	1-13	A 8141	7 145	
California	209	1,630	992	14	314	165	352	3,868	I Terror	200		
Alaska	20 24	109	57 66		5	1	17	66 513		Property of	The state of	
Hawaii		183	746					601			-	
Puerto Rico	-	183	746		1.0	3		10				

^{*} Delayed reports: Measles: Mass. delete 6, N.C. delete 1, S.C. 1, Ark. 329 Meningococcal infections: N.C. delete 2 Mumps: Me. 51, S.C. 14

Morbidity and Mortality Weekly Report

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED

MAY 22, 1971 AND MAY 23, 1970 (20th WEEK) - CONTINUED

AREA	RUBE	LLA	TETA	NUS	TULAR	EMIA	TYPHO FEV		TYPHUS FEVER TICK-BORNE (Rky. Mt. Spotted)		RABIES IN ANIMALS	
ANEA	1071	Cum.	1071	Cum.	1071	Cum.	1071	Cum.	1071	Cum.	1071	Cum. 1971
UNITED STATES	1,805	1971 28,191	1971	1971	1971	1971	1971	1971 98	1971	1971	1971 77	1,80
EW ENGLAND	117	1,196		1			11	6			5	14
Maine	12	222 32	1 -	_	_		-			-	5	14
New Hampshire.*	6	59	2 <u>-</u> 1 1		1 -							
Vermont	53	546		1		_	_ 1	6	_			
Rhode Island	8	65	2 - 10									
Connecticut	35	272	- 5	_:1	-		-	- 63-	_	-		
DDLE ATLANTIC	161	1,876	ar = Cr	4	915	l 1 1	1	14	_	1	2 - <u> </u>	7
New York City	30	348		4	_	_	1	6		_		
New York, Up-State	14	325		-		_	_	5	_	-100		7
New Jersey	34	423	- 3	_	- 1		_	2	-	_	_	
Pennsylvania	83	780	51 - 11	-	-	-	Y-1 -	1	-	1		111111111111111111111111111111111111111
ST NORTH CENTRAL	336	5,828	en. 🕳 🖯 o	4		1	- S	9	- <u>-</u>	1	10	15
Ohio	21	672	I	1	- 1	1	-	5	-	II	_	
Indiana	152	1,268	- J	1	- 1	-	179	1	-		4	- 1
Illinois	25	980	- 1	2	85 - 1	-) (-)	1	-	1	4	- 2
Michigan	91	1,945		-	- 1		P2	2	-		2	191
Wisconsin	47	963	44 - 11	-	- 1		-	4-1		-	_	14012
ST NORTH CENTRAL	73	2,287	90, – 9	3	1111- I	4	21.1415	1		7	24	4:
Minnesota	26	236	-	1	-		P-1	_	_	-	6	1
Iowa	23	539	10	-	-		9311	- I	-	-	3	11
Missouri	6	1,048	1 - 111	2	(4) -	4	1	1.	-	-	- 6	Ct-CL
North Dakota	2	84	-	_	- 1	-	B- 1 -	-	P-		5	IAT TA
South Dakota	4	90	-	- 1	-	_	_	-	_		100	1 3
Nebraska	9	70	-	_	H - I		-	_	_	100-000		
Kansas	3	220	-		-		-	-	-		3	4
OUTH ATLANTIC	275	2,308	1	9	120 T	13	1 1	20	7	14	4	19
Delaware	3	39	_	7	_		_	1	_	_		
Maryland	6	93	-	1	M - 1	3	_	3	-	1	_	
Dist. of Columbia	2	136		-	- 1	5	771	1	1	1		
Virginia	13	136		1 1			- 1	3		11 -13-4	15	
West Virginia North Carolina	17	357 29	9 <u>-</u> 1	- 3	F= =	4		3	6	9		1
South Carolina.	10	395			_			_	_	3		day
Georgia.		375		2	_		_	2			3	100
Florida	223	1,253	1	6	1	1	-	7	-	0.0-111	_	
AST SOUTH CENTRAL	171	2,394	M 1	5	0.01	7	2	8	-	3	10	19
Kentucky	40	951		1 -	74	2	1	3	_	1 1	9	1 1
Tennessee	119	1,245	_ 7	2	_	2	1	3		1 1		1
Alabama	12	133	_	2		2	77.07	2	_	17-00	1	100
Mississippi	- 1	65	-	1	1	1	90 -		7-	1	-	100
ST SOUTH CENTRAL	128	3,815	<u> 1</u>	1	III_ (4	1	9	1	5	11	4
Arkansas	_	301	_			1	i	1	_			10
Louisiana	4	273	_	_	- 1	1	_	5	1 2		1	- 5-
Oklahoma.	i	47	_	-	-	2	-	-	1	5	6	20
Texas	123	3,194	1112	1	- 1		-	3	-	1 -	4	14
UNTAIN	47	1,629	1	1	_	2	_	2	_	1	1	LUN .
Montana		105	-	-	-	1	-	1.5	-	-	-	
Idaho		32	1	1	-	-	-	-	-	-	-	
Wyoming		846	1	-	-	-	-	- 5 I	-	-	- 1	
Colorado	12	197	1	-	_				_	1		
New Mexico	10 24	188	ΕL	=				2	_		1	
Arizona	24	216 31	- E⊹	_		1	_	_	_			
Utah Nevada	1	14	, E17	- 1	= n	-		_	T -		·	201
OT WITE	497	6,858	5 .	4	most -	_		29	_		12	1:
Washington	81	1,121	F I		100	_	-	13	_		- 12	
Oregon	28	524	1	_	-		10.5	0.0	5.77	-	-	
California	382	5,081	8 - 3	4	F17- 1	-	-	28	_	-	9	1.
Alaska.	4	39	_	_	-	-	-	- 1	_		3	R.
Hawaii	2	93		-	-	E 97.	-	- f †	ļ	-	4 .	No.
												1.0

* Delayed reports: Rubella: N.H. 2 Typhoid fever: Alaska 1

Week No.

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED MAY 22, 1971

20

(By place of occurrence and week of filing certificate. Excludes fetal deaths)

TIC: Ga	A11 Ages 1,199 140 241 68 74 112	65 years and over 623 67 126	Pneumonia and Influenza All Ages	Under 1 year All Causes
Ga , Md	140 241 68 74	67		
Ga , Md	140 241 68 74	67	41	5
, Md	68 74	126	7	1
	74		6	111
, N. C		33		220.7
lle, Fla	112	33	1	
a		61	4	TI III
Va	50	24	3	
Va	87	45	- 311	
Ga	30	17	3	The same
sburg, Fla	91	75	3	4,420
a	62	35	1	700
n, D. C	203	89 18	10	
n, Del	Miner Law	10	- 2	
CENTRAL:	648	333	28	3
n, Ala	103	49		
ga, Tenn	45	29	5	
, Tenn	40	25	2	
e, Ky	112	54	3	20,12
Tenn	145	73	8	3455
la	57	25	2	
y, Ala	112	14	-	
, Tenn	112	64	7	1
CENTRAL:	1,112	561	35	7:
ex	27	11	3	1-1
ge, La	33	20	2	
risti, Tex	30	19	_	
ex	162	77	3	1.
Гех	33	13	3	
n, Tex	83	34	1	
Tex	218	93	7	1
ck, Ark	63	41	2	
ns, La	164	87	1	1
City, Okla	72	35	3	100
lo, Tex	117	60	3	-1
t, La	52 58	34	3	
		, ,	or the same	H EATTER
	469	271	29	14
Je, N. Mex	74	36	9	
Springs, Colo.	28	14	7	215
010	122	65	2	
sh	19	12	4	
Ariz	106	63		-
010	18	13	5	1-1-1
City, Utah	53	35		
riz	49	33	16-11	179
	1 530	045	2.2	
Calif	1,539 15	945	23	58
alif	49	26	2	-11
Calif	20	12		
Hawaii	55	25	_	
n, Calif	98	65	2	
es, Calif	442	276	5	10
Calif	72	40	1	27 70
Calif	34	23	-	
Oreg	115	94	1	
o, Calif	52	31	1	
Calif	138	86	-	
isco, Calif	178	92	2	
	The same of the sa	4		
	2-7-7-1			
	31	30		- 2
DROWN HAME	12,378	7.099	397	61:
	,5,5	1,000	351	01.
nber	12.732	7.333	436	514
Total	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 7 7 7 7 7		
ted corrections	269,420	156,754	11,002	1,909
	Calif	Calif	Calif	Calif 47 29 3 Wash 131 77 4 Wash 42 26 1 ash 51 30 1 12,378 7,099 397 mber 12,732 7,333 436 Total ted corrections 269,420 156,754 11,002

⁺ Delayed Report for Week ended May 15, 1971

EPIDEMIOLOGICAL NOTES AND REPORTS FOLLOW-UP ON PLAGUE-POSITIVE POOL OF RAT FLEAS - Tacoma, Washington

On Jan. 27, 1971, the Ecological Investigations Program, CDC, made a presumptive identification, later confirmed, of Yersinia pestis on an isolate recovered from a pool of 50 fleas from 23 Norway rats (Rattus norvegicus) trapped in Tacoma, Washington (MMWR, Vol. 20, No. 5). As a consequence, trapping was intensified in the area where the positive flea pool was found, and port and city rat surveys were intensified in both Tacoma and neighboring Seattle. Ectoparasite control and removal of rat shelters were initiated in the involved area of Tacoma and are continuing.

Observation and trapping in the south Tacoma area revealed a diffuse Norway rat population living in or near blackberry thickets and trash rather than in occupied buildings. Deer mice, house mice, and meadow mice mingled with the Norway rats; black rats were occasionally trapped. Rodent food sources were few; local small infestations of Norway rats were associated with dog feeding, poultry feeding, and occasionally inadequate garbage containers. Food, rather than shelter, appears to be a primary limiting factor to the rat population. None of the 247 rodent tissues examined were found to be positive for plague.

Fleas taken from the Norway rats were predominantly Nosopsyllus fasciatus, the northern rat flea, with a mixture of wild rodent fleas normally associated with deer mice (Peromyscus maniculatus) and voles (Microtus species). No oriental rat fleas (Xenopsylla cheopis) were collected. Since January 1971, 234 flea pools from the Tacoma area have been examined, and one additional plague-positive flea (N. fasciatus) was found.

Since 1944, Tacoma has conducted an intensive plague surveillance program which consists of systematically trapping rats throughout the city and submitting fleas to CDC for examination for evidence of Y. pestis infection. In 1970, 7,552 fleas from 7,247 rodents, including 5,566 Rattus species (R. norvegicus and R. rattus), and 8,359 fleas from wild rodent nests were examined. The intensity of this surveillance program provides a sound basis to conclude that epizootic plague is not occurring in Tacoma and has not occurred there since 1944.

(Reported by Harlan P. McNutt, M.D., Director, Tacoma-Pierce County Health Department; Roy Russell, M.S.P.H., Advisory Sanitarian, Chemical and Physical Hazards Section, Byron J. Francis, M.D., Chief, Office of Epidemiology, Washington State Division of Health; the Zoonoses Section, Ecological Investigations Program, CDC, Fort Collins, Colorado; and the Foreign Quarantine Program, CDC.)

The Morbidity and Mortality Weekly Report, circulation 24,600, is published by the Center for Disease Control, Atlanta, Ga.

Director, Center for Disease Control Director, Epidemiology Program, CDC Editor, MMWR

David J. Sencer, M.D. Philip S. Brachman, M.D. Michael B. Gregg, M.D.

The data in this report are provisional, based on weekly telegraphs to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday.

In addition to the established procedures for reporting morbidity and mortality, the editor welcomes accounts of interesting outbreaks or case investigations of current interest to health officials.

Address all correspondence to

Center for Disease Control Attn: Editor Morbidity and Mortality Weekly Report Atlanta, Georgia 30333

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION CENTER FOR DISEASE CONTROL ATLANTA, GEORGIA 30333

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